

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name BILL DENNY - CAMPAIGN FUND

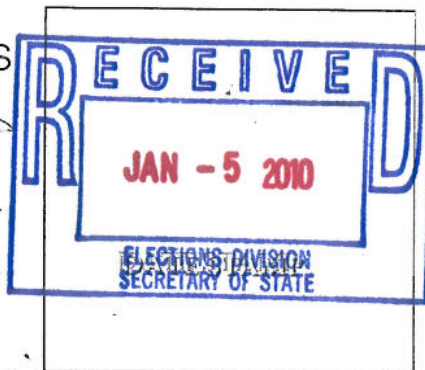
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Office Sought HOUSE OF REPRESENTATIVES Political Party REPUBLICAN  
DISTRICT 64

☐ Check here if above is different from previous report



TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	1,750.00	\$ 250.00	\$ 1,950.00
Total amount of disbursements	2,241.86	\$ 358.03	\$ 2,599.89
Total amount of cash on hand	\$ 17,937.03		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Bill Denny  
Signature of Candidate

January 4, 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

BILL DENNY CAMPAIGN FUND

Reporting period

JANUARY 1, 2009

through

DECEMBER 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
AMERICAN EXPRESS COMPANY	1/14/09	\$ 446.38
Mailing Address		
P.O. BOX 650448		
City, State, Zip Code		
DALLAS, TX 75265		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 446.38
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
INFO USA	7/6/09	\$ 550.00
Mailing Address		
5711 S. 86TH CIRCLE		
City, State, Zip Code		
OMAHA, NE 68127		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 550.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SERVICE PRINTERS, INC.	12/12/09	\$ 561.75
Mailing Address	12/16/09	401.25
P.O. BOX 320249		
City, State, Zip Code	12/24/09	282.48
FLOWOOD, MS 39232		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,245.48
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$



Name of Candidate or Committee BILL DENNY CAMPAIGN FUND

Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON CORPORATION</u>		<u>10/13/09</u>	\$ <u>500</u>
Mailing Address <u>P.O. BOX 9034</u>		<u>  1  1  </u>	\$
City, State, Zip Code <u>CONCORD, CA 94524</u>		<u>  1  1  </u>	\$
Name of Employer (Required) <u>SAME AS ABOVE</u>		<u>  1  1  </u>	\$
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Koch Companies</u>		<u>11/20/09</u>	\$ <u>250</u>
Mailing Address <u>450 LAUREL ST, SUITE 1420</u>		<u>  1  1  </u>	\$
City, State, Zip Code <u>BATON ROUGE, LA 70801</u>		<u>  1  1  </u>	\$
Name of Employer (Required) <u>SAME AS ABOVE</u>		<u>  1  1  </u>	\$
Occupation (Required) <u>INVESTMENT MANAGEMENT</u>		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EXXON MOBIL CORPORATION</u>		<u>11/20/09</u>	\$ <u>500</u>
Mailing Address <u>P.O. BOX 2519</u>		<u>  1  1  </u>	\$
City, State, Zip Code <u>HOUSTON, TX 77252</u>		<u>  1  1  </u>	\$
Name of Employer (Required) <u>SAME AS ABOVE</u>		<u>  1  1  </u>	\$
Occupation (Required) <u>OIL CORPORATION</u>		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PHARMA</u>		<u>12/23/09</u>	\$ <u>500</u>
Mailing Address <u>771 NORTH STREET</u>		<u>  1  1  </u>	\$
City, State, Zip Code <u>BATON ROUGE, LA 70802</u>		<u>  1  1  </u>	\$
Name of Employer (Required) <u>SAME AS ABOVE</u>		<u>  1  1  </u>	\$
Occupation (Required) <u>PHARMACEUTICAL RESEARCH</u>		Aggregate year-to-date	\$ <u>500</u>